

## Parents, babies in spotlight at InfantSEE® Summit

Despite all the time AOA meetings are held in hotel ballrooms, it's doubtful anyone has ever paid as much attention to the carpeting as Alaina Soza.

For her mother, Malia, who spoke to the 150 optometrists at the InfantSEE® Summit in Dallas this month it was a "wonderful thing" to watch the 11-month-old trace the patterns in the carpet.

The simple task was

inconceivable just a few months ago.

That's when optometrists at an InfantSEE® workshop — hosted by the University of Alabama at Birmingham School of Optometry — found Alaina had extremely high refractive error.

When Alaina got her spectacles, "she did not want to take them off. It was a very fond memory, very happy

*see Children, page 14*



**Malia Soza, whose daughter, Alaina, was found to have +12.00 D of hyperopia at an InfantSEE® workshop, describes the emotional roller coaster a parent endures when a child has a serious undiagnosed vision problem. Carlos Soza is holding Alaina, also shown at left.**

## Profession takes new look at board certification

The AOA, along with several other optometric organizations, announced plans last month at SECO for a joint project team tasked to devise a prototype board certification process for the profession.

"The health care landscape has changed since the last time the profession considered board certification. Now may be the time to proactively address ongoing, continued competence and the issue of advanced competence," said Kevin Alexander, O.D., Ph.D., president-elect of the AOA.

"Currently, the only

way to demonstrate competence is through licensure, but this is at the entry level. There is no way for an optometrist with many years of experience to demonstrate competence with contemporary practice. This is critical given the extensive change in scope of practice and advances in technology optometrists enjoy today," he said.

The Joint Board Certification Project Team will be made up of official representatives from the AOA, the American Academy of Optometry (AAO), the Association of Schools and Colleges of Optometry (ASCO), the

Association of Regulatory Boards of Optometry (ARBO), the National Board of Examiners in Optometry (NBEO) and the American Optometric Student Association (AOSA).

These organizations have determined that there may be an urgency and interest in developing a process to demonstrate continued and advanced competence to the public as issues such as "pay for performance" move forward and third-party payers and government agencies demand accountability.

"The purpose of this project team is to devise

a prototype board certification process for optometry," Dr. Alexander wrote in a letter to AOA members.

"This prototype will allow the profession to see what a board certification process will look like. We can then clearly discuss the merits and drawbacks to board certification. I stress that this is a prototype only. The AOA will not implement a board certification process without first bringing it to the House of Delegates

for approval. The other organizations will similarly ask their constituents for approval prior to any implementation."

The organizations collaborated on a joint statement regarding the merit of introducing the beginning stages of developing a process for determining board certification.

"The AOA, AAO, ARBO, NBEO, ASCO and AOSA choose to

*see Certification, page 4*

### Inside



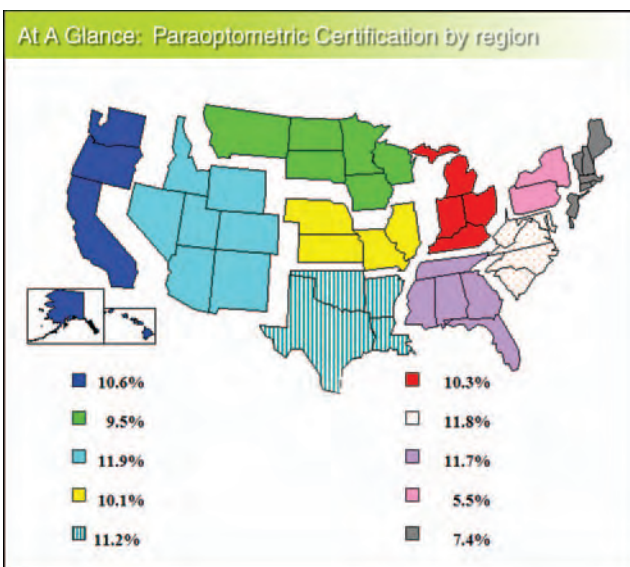
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# President's Column

## Pay for performance

As AOA members, we sometimes ask what we get for our dues dollar. We want to know what our return on investment is.

As a businessman myself, I certainly understand the question.

And this month, there's yet another answer.

As you see in this issue of *AOA News*, optometrists are now eligible to participate in the first "pay for performance" program offered by the Centers for Medicare and Medicaid Services (CMS). At least in the beginning, it is a "pay for reporting" program.

In essence, by doing what ODs do already — providing quality care, billing correctly and reporting correctly — optometrists are eligible for a 1.5 percent bonus payment early next year.

Obviously, 1.5 percent is real money. The CMS paid optometrists over \$800 million last year; 1.5 percent of that amount is around \$13 million. However, that is just the latest example of how the AOA's advocacy efforts benefit you.

To find another example, you'd have to go all the way back in time to December, when the president signed

legislation halting a 5 percent cut to the Medicare conversion factor.

That too was the result of the AOA's diligent efforts in Washington.

By looking out for your interests in the nation's capital, the AOA is adding black ink to your bottom line.

After all, without the AOA's involvement in the 1980s, optometrists would not even be able to provide Medicare services.

Today, we are not only providers, but we are active in helping to shape the program and ensuring that our patients get the care they deserve — and that practitioners are rewarded for providing quality care.

The whole movement toward "pay for performance" is likely to be yet another interesting ride. Contrast it with the situation several years ago when cost-cutting seemed to be the only concern of third-party payers and government payers.

Today, there's a growing movement in both public and private sector health plans to encourage the reporting of "consensus-based performance measures" that are generally accepted as improving

care.

The AOA has been watching action in Congress closely. Our concern for quality care led the AOA to produce the Clinical Practice Guidelines for 20 conditions as a way of ensuring that optometry reflects the highest standard of care and that you have the resources you need to provide outstanding care.

The CMS indicates that through the Physician Quality Reporting Initiative (PQRI) effort, the agency seeks to prevent health problems that are avoidable and test the concept of "payment for performance" in Medicare reimbursement.

We expect the program to grow in the future, and for more third-party payers to adopt similar pay-for-performance measures.

Currently, the codes cover aspects of eye care for diabetes, glaucoma, age-related macular degeneration, and cataracts.

Under the PQRI, providers who report at least three of the measures (the "measures" are still being determined as I write this report) in at least 80 percent of applicable cases will receive a

*See Performance, page 10*



Dr. Crooks

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# Brooks running for AOA vice president

**R**andolph Brooks, O.D., has filed for the AOA office of vice president.

Dr. Brooks, currently the secretary-treasurer, was first elected to the board in June 2000 and re-elected in 2003.

Dr. Brooks is on the Optometry Awareness and Public Affairs Committee and has served on the Constitution and Bylaws Committee, as well as the Finance Committee.

As a member of the Advanced Clinical Competence Project

Team, he served as chair from 2004 to 2005.

Dr. Brooks is currently serving as liaison-trustee to the Sports Vision Section and has served as liaison trustee to the Advocacy Group, Eye Care Benefits Center, and Federal Relations Committee.

Prior to his election to the board six years ago, Dr. Brooks held a variety of volunteer appointments within the AOA.

In addition to serving several years on the Eye Care Benefits Center Executive

Committee, Dr. Brooks was its chair in the 1999-2000 program year.

Dr. Brooks is a past president of the New Jersey Society of Optometric Physicians (NJSOP). In 1995 and 2000, NJSOP named him Optometrist of the Year.

Dr. Brooks is a graduate of the State University of New York at Albany and the New England College of Optometry and is also a fellow of the American Academy of Optometry, of which he has been a member since 1984.

He has a private



group practice in Ledgewood, NJ, and resides in Succasunna, NJ, with his wife, Bonnie, and has three sons, Doug, Larry, and Ryan.

## Certification, from page 1

address board certification at this time because the profession has demonstrated a readiness to consider the issue in a comprehensive, inclusive manner. This readiness is evidenced by 10 of the 57 'preferred futures' of the Optometry 2020 Summits relating to competence and certification. Additionally, one of the outcomes of the recently held National Optometric Continuing Education Conference states 'there be renewed dialogue involving all stakeholders to reassess continued competence and board certification.' Finally, some optometric organizations have already created elements of board certification including educational tracks and testing for advanced competence in specialty areas," the statement read.

The following organization presidents all endorsed the announcement of the plan statement:

- ❖ C. Thomas Crooks, III, O.D. (AOA)
- ❖ Donovan L. Crouch,

O.D. (NBEO)

❖ Robert M. Easton, O.D. (ARBO)

❖ Hector Santiago, O.D., Ph.D. (ASCO)

❖ Caleb Schoonover (AOSA)

❖ Richard E. Weisbarth, O.D. (AAO)

The ultimate goal of

ating competence—for the public, for the government, and for insurance companies to put optometrists on their plans."

Dr. Alexander said that by using this approach, he believes "board certification will

who may associate the project with the failed American Board of Optometric Practice (ABOP).

"ABOP was put together by one organization—the AOA," said Dr. Alexander. "It was a top-down program and

developing a board certification process plan will take up to 24 months.

The results of the Joint Board Certification Project Team may lead to a process facilitating more uniform scope of practice.

Addressing competence issues is critical for a mature, advancing profession, he said.

The following representatives from each organization will be members of the project team:

- ❖ Randolph E. Brooks, O.D. (AOA), Chair
- ❖ Arol R. Augsburg, O.D., M.S. (ASCO)
- ❖ David A. Cockrell, O.D. (AOA)
- ❖ Donovan L. Crouch, O.D. (NBEO)
- ❖ Larry J. Davis, O.D. (ASCO)
- ❖ Douglas W. Hopkins, O.D. (AAO)
- ❖ Thomas L. Lewis, O.D., Ph.D. (AAO)
- ❖ Mary E. Phillips, student (AOSA)
- ❖ Christina Sorenson, O.D. (ARBO)
- ❖ William Rafferty, O.D. (ARBO)
- ❖ Jack E. Terry, O.D., Ph.D. (NBEO)
- ❖ Christopher S. Wolfe, student (AOSA)

*There is no way for an optometrist with many years of experience to demonstrate competence with contemporary practice. This is critical given the extensive change in scope of practice and advances in technology optometrists enjoy today.*

the joint project team is a program that would be endorsed by optometric organizations and made available to optometrists who have a need to demonstrate continued and advanced clinical competence to the public, third-party payers and government agencies, according to Dr. Alexander.

"The idea is that we get everybody in the room and develop a way to measure competence," said Dr. Alexander. "We find a way to look at the profession and make a valuable tool for evalu-

succeed or fail based on the merits of the program—not because of political squabbles within the profession."

The issue will be addressed by everyone with a stake in the process of developing a consensus product for evaluation, he said.

"No one group has a program or plan ahead of time," said Dr. Alexander. "We are advocating an open process. And everyone will be able to see their mark on the final product."

Those involved in the process addressed the concerns of those

resulted in a program without sufficient input from other organizations in optometry."

This project team is different because each organization will have official representation in the process.

Stakeholders not directly working on the team will have opportunities for input into the process.

"This time around, issues will be addressed during the process, before the product is put out," said Dr. Alexander.

Dr. Alexander said the project team anticipates the course of



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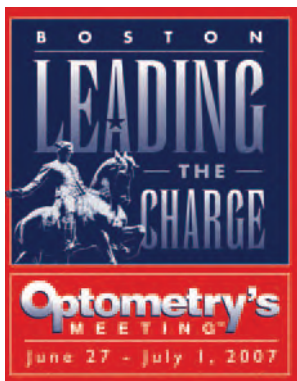
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# Friday at Optometry's Meeting™ offers full platter of continuing education

The Friday education program at Optometry's Meeting™ is filled with several complimentary courses and a full day of the latest innovations in optometric education.

Attendees can start the day by choosing between two free breakfast seminars.

Zieler Ophthalmic Systems is sponsoring "Precision Tonometry: A New Paradigm," course #B201, from 6 a.m. to 7:30 a.m. (Lecturer: J. McGreal, O.D.)

The course will fea-

ture the latest technologies for assessment of intraocular pressure. Corneal biomechanical properties, results from clinical trials and case presentations will be used to underscore the value of dynamic contour tonometry.

Advanced Medical Optics is sponsoring a breakfast seminar, "Clinical Pearls for the Contemporary Primary Eye Care Practice," course #B202, from 6 a.m. to 7:30 a.m. (Lecturer: M. DePaolis, O.D.)

The course uses a

grand rounds format to present interesting patient encounters and address the issue of shifting from patient interaction to the diagnosis of complex cases. Topics include contact lenses, ocular infection and refractive surgery complications.

Allergan will sponsor Friday's exclusive education program, "Journal Club Optometry," course #2008, from 8 a.m. to 10 a.m. (Moderator: J. Thimons, O.D.)

Lecturers: J. Autry, O.D.; T. Kislán, O.D.; K.

Nichols, O.D.; L. Semes, O.D.)

During the course, a panel of experts will provide updates on the most recent events related to important conditions affecting patients and the latest treatment options. To stimulate lively discussion, the experts will reference and summarize actual journal articles.

Due to the high level of interest anticipated for this course, no other OD CE will be

see Continuing Education, page 18

## Boston to be center for wide choice of CE

By Kirk Smick, O.D.  
Optometry's Meeting™ Committee Chair

This year's CE program, June 27-July 1, boasts many new topics and formats. In Boston, we will have numerous courses that attendees will not want to miss!

On Wednesday afternoon, don't miss a three-hour panel presentation entitled, "Exploring the Refractive Universe: New Options for the Patient and the Optometrist." Sponsored by Advanced Medical Optics (AMO) and TLC Vision. Join a prestigious panel of optometrists and ophthalmologists as they cover new options in refractive surgery, such as custom LASIK, phakic IOLs, presbyopic IOLs, presbyopic laser, and thermo procedures.

Following the General Session sponsored by Essilor on Thursday morning, be sure to invite the whole office to attend a two-hour panel presentation titled, "Our Patient for Life: The Glaucoma Years." This panel presentation, sponsored by Alcon, weaves the expertise of four presenters, all bringing their special insights and recommendations to a patient living with glaucoma. This course will explore the different stages of glaucoma and discuss the decisions that challenge optometrists as they diagnose and manage the condition.

On Thursday afternoon, join three leading optometric glaucoma experts as they present, "FORGE (Focusing Optometry on Reframing Glaucoma Evaluations)," sponsored by Allergan. This comprehensive program focuses on evaluation of the optic disk to determine the severity of disease in glaucoma and will discuss techniques to incorporate optic nerve evaluation in clinical practice.

Optometry's Meeting™ promises an education-packed Friday, with numerous courses for the OD to attend. To kick off the day of education, join our "Journal Club" and a panel of experts for a two-hour presentation titled, "Journal Club Optometry," sponsored by Allergan. This pro-

gram will bring you up-to-speed with recent journal articles, posters and other scientific information that you may have missed and will focus on all of the most recent events pertaining to important conditions affecting your patients and your treatment options.

Attendees can enjoy a new approach to CE by attending "Contact Lenses Around the World" on Friday! After a brief review and summary of contact lens fitting habits, lens care and diagnosing and treating contact lens induced complications here at home, we will present live video discussions with contact lens specialists in other locations around the globe. Thanks to the Vision Care Institute™, LLC, and the help of modern technology we will be joined live from locations such as Prague, Czech Republic; Seoul, South Korea; Taipei, Taiwan; or Shanghai, China. Join us after the presentation for a small reception featuring some foods from some of these international locations.

CIBA Vision has once again provided a generous education grant that will allow attendees to get three hours of education for the price of one! To receive this discounted rate, attendees need to register for a three-hour symposium titled, "The Greatest Anterior Segment Disease and Medical Management of Contact Lenses Course — Ever!" on Friday.

This symposium assembles a group of world-renowned experts in anterior segment eye disease and contact lenses that will present a unique program to enhance your clinical diagnostic and treatment abilities. The series of presentations will allow you to expand the treatment options to normalize your patient's visual status and manage the medical complications.

Be sure to take advantage of the extensive amount of education being offered at Optometry's Meeting™. It's all up to you. Come join us at the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry's Meeting™.





## Internet seller ends quest for contact lens sales bill after Capitol Hill defeat

In an abrupt reversal, 1-800 Contacts, Inc., the nation's largest Internet and mail order contact lens seller, has announced a decision to end its two-year, multi-million-dollar quest to enact federal and state contact lens sales legislation.

1-800 Contacts-backed bills introduced in Congress and several state legislatures were defeated in 2005, 2006, and early 2007 after optometry raised concerns about the undermining of patient safeguards and patterns of prescription verification abuses by the Internet contact lens sales industry.

"This is a great victory that protects our patients. The AOA made it clear from the beginning that the contact lens sales legislation being pushed by 1-800 Contacts and its lobbying empire was absolutely unnecessary, and clearly we were right," said C. Tommy Crooks, O.D., AOA president.

"Over the last two years, all of optometry united to make sure that members of Congress and state legislators from coast-to-coast put the safety of our patients ahead of one company's greed, he said.

In declaring last month that they would not be pursuing the federal or state legislation for the time being, 1-800 Contacts' executives referenced non-public supplier agreements the company entered into with three of the nation's largest contact lens manufacturers, including

CooperVision, as well as plans to continue purchasing lenses without formal agreement from a fourth.

In mid-2005, 1-800 Contacts launched what ultimately proved to be an unsuccessful drive for new federal and state laws to secure competitive advantages that it has been unable to gain through the marketplace, and to weaken key patient safety requirements.

The company's lobbying efforts included scathing attacks on optometry, individual ODs and AOA staff.

The 1-800 Contacts-backed bills were actively opposed by the AOA and its state affiliates who, with the help of state optometric leaders, AOA Keypersons and optometry's grassroots activists, urged lawmakers to ensure that complaints by ODs about the prescription verification practices of the Internet contact lens sales industry and improved enforcement of patient safeguards were given top priority.

The U.S. Federal Trade Commission issued a warning letter in October 2005 to 1-800 Contacts citing doctor complaints and possible violations by the company of the *Fairness to Contact Lens Consumers Act (FCLCA)*.

More recently, the company has come under scrutiny by members of Congress for its use of a widely denounced system of repeated automated telephone "robocalls" into the offices of ODs to convey patient information.

A congressional committee held a contentious hearing on FCLCA issues last September, during which the AOA was represented by Wiley Curtis, O.D., a member of the AOA Federal Legislative Committee.

The hearing helped set the stage for a dramatic, late-night showdown just before Congress adjourned in December.

In a behind-the-scenes maneuver uncovered, exposed and defeated by optometry during the final post-election "lame duck" session, contact lens sales legislation backed by the company was expanded to include an overfilling loophole sought by online sellers and then attached to two unrelated bills dealing with methamphetamine abuse and programs to aid premature babies and their mothers.

The AOA Washington Office rallied an emergency profession-wide grassroots counterattack to assist pro-optometry leaders in Congress like Reps. John Dingell (D-MI), Frank Pallone (D-NJ), Ed Whitfield (R-KY), Tom Allen (D-ME) and Dennis Kucinich (D-OH) in blocking the special interest provision.

Just weeks after this defeat on Capitol Hill, the company declared it was changing course.

In its Jan. 31 announcement, 1-800 Contacts states that it "has resolved its long-standing supply issue" through "recently

signed long-term supply agreements with its three largest contact lens suppliers."

The statement indicates 1-800 Contacts has been purchasing lenses indirectly from the three unnamed manufacturers, but would now be able to purchase lenses from them directly as an authorized account.

The company has purchased directly from Bausch & Lomb, its fourth largest supplier, without a written agreement since 2001, according to the statement.

"We believe the market solution embodied in these recent supply agreements is adequate to ensure a competitive market — making legislation unnecessary at this time," the 1-800 Contacts' statement concludes.

The AOA is closely monitoring the situation on Capitol Hill on this issue and is taking nothing in the company's announcement for granted, according to Jon Hymes, AOA Washington Office director.

Hymes noted that the AOA will also continue to carefully assess complaints received from ODs about contact lens prescription verification abuses and to do everything possible to hold online sellers accountable for their actions.

AOA members who are aware of FCLCA violations by online contact lens sellers are urged to contact the AOA Washington Office at (800) 365-2219, ext. 1373.

*The AOA is closely monitoring the situation on Capitol Hill on this issue and is taking nothing in the company's announcement for granted.*

# ECBC outlines how to report quality measures with Level II CPT Codes, qualify for bonus pay

As reported in the Feb. 26 AOA News, Medicare will offer a 1.5 percent bonus for the voluntary reporting of physician performance quality measures during the second half of this year.

Health care quality measure programs are intended to allow health plan administrators to assess the quality of care that health care practitioners are providing patients.

Under these programs, health care practitioners report measures they take to ensure a high standard of care for patients. To facilitate quality measure reporting, a new code set, the Current Procedural Terminology (CPT) Level II Codes, has been approved by the U.S. Centers for Medicare and Medicaid Services (CMS).

Medicare launched its physician quality measure program on a voluntary basis in mid-2006.

On Jan. 1, the Medicare program was effectively expanded to optometric and ophthalmologic practices with the introduction of the first CPT Level II Codes for eye care. During the second half of this year, under its new Physician Quality Reporting Initiative (PQRI), Medicare will add the financial incentive.

The Level II CPT codes are supplemental tracking codes that are to be appended to claims for specified conditions.

According to Rebecca Wartman, O.D., member of the AOA Eye Care Benefits Center (ECBC), the process is simple.

The insurance claim form is completed in the normal fashion with the professional services

coded on the first line of the CMS claim form followed by the proper disease ICD-9 diagnosis code.

The next line(s) will be the Level II CPT code or codes applicable for the disease's ICD-9 diagnosis code at a zero dollar amount. The new Level II CPT codes for eye care are listed

above.

Currently, the Level II CPT codes cover aspects of eye care for diabetes, glaucoma, age-related macular degeneration, and cataracts.

A new set of modifiers – the performance measurement exclusion modifiers – is used to indicate that a service specified by a perform-

ance measure was considered but, due to reasons documented in the medical record, not provided. Examples of quality measure reporting are provided above.

Under the PQRI, providers who report at least three of the measures in at least 80 per-

## Level II Coding of Eye Care

### Eye care performance measurements:

1. 2027F — POAG optic nerve head assessment performed and documented
2. 4007F — ARM suggestion of an antioxidant prescription documented
3. 2019F — ARM dilated macular examination performed and documented
4. 1055F — Assessment of visual function performed and documented in a cataract patient
5. 3073F — Documentation of pre-surgical axial length, corneal power measurement and method of IOL calculation in a cataract patient
6. 2020F — Pre-surgical dilated fundus examination performed in a cataract patient
7. 2021F — Documentation of the presence or absence of macular edema and level of severity of diabetic retinopathy
8. 5010F — Documentation of communication with the managing primary physician in a patient with diabetic retinopathy (Must report with 2021F)

### Other Level II CPT Codes to be used by primary care physicians caring for those with diabetes:

1. 2022F — Dilated Retinal Exam — Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM\*)
2. 2024F — Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM\*)
3. 2026F — Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed (DM\*)
4. 3072F — Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM\*)

### Measure Exclusion Modifiers

#### (Used only when measure could not be performed)

Performance measurement exclusion modifiers may be used to indicate that a service specified by a performance measure was considered but, due to either medical, patient, or systems reason(s) documented in the medical record, the service was not provided. These modifiers serve as denominator exclusions from the performance measure. The user should note that not all listed measures provide for exclusions.

1P — Performance Measure Exclusion - Modifier due to Medical Reasons  
Not Indicated: absence of organ/limb, already received/performed, other  
Contraindicated: patient allergic history, potential adverse drug interaction, other

2P — Performance Measure Exclusion - Modifier due to Patient Reasons  
Includes: patient declined, other patient reasons, economic, social, religious

3P — Performance Measure Exclusion - Modifier due to System Reasons  
Includes: Resources to perform the services not available, Insurance coverage/payer-related limitations, Other reasons attributable to health care delivery system.

For more detailed information, see Appendix H: Alphabetic Index of Performance Measures by Clinical Condition or Topic. ([www.ama-assn.org/ama1/pub/upload/mm/362/appendixh122006.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/362/appendixh122006.pdf))





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## Performance, from page 3

lump sum bonus payment of 1.5 percent on all of their Medicare claims during the reporting period of July 1, 2007 - Dec. 31, 2007. Expect the payments in early 2008.

Be aware that the reporting is voluntary between July 1 and Dec. 31, 2007.

Beginning in January 2008, it will be mandatory, and the bonus that will be paid

## Codes, from page 8

cent of applicable cases will receive a lump sum bonus payment of 1.5 percent on all of their Medicare claims during the reporting period of July 1, 2007 - Dec. 31, 2007.

Practitioners may wish to contact their Medicare carriers for addition information.

The AOA ECBC strongly urges all optometrists – and their billing staffs – to become familiar with the Level II CPT codes and report quality measures in all appropriate cases.

The CMS is already planning for a second Medicare PQRI reporting period in 2008. The range of eye care procedures covered under the

quality measure programs is certain to be expanded. Private insurance plans are also expected to begin implementing similar quality measure reporting programs.

Eventually, quality measure reporting is expected to be required by both public and private health insurers as they implement pay-for-performance (P4P) programs.

For additional information, consult the CMS PQRI Web page ([www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI)). The CMS updates the Web page regularly, so health care providers should check it often for timely and reliable information on the PQRI.

for correct reporting in 2007 will become a penalty in 2008 for not reporting correctly.

The range of eye care procedures covered under the quality measure programs is certain to be expanded next year. Private insurance plans are also expected to begin implementing similar quality measure reporting programs.

To help ODs capitalize on these opportunities, the AOA will make materials available to members as quickly as possible through AOA News, the AOA Web site ([www.aoa.org](http://www.aoa.org)) and the Practice Strategies section of *Optometry*:

*Journal of the American Optometric Association*.

This is definitely a

“work in progress.”

Meanwhile, I assure you that the AOA is continuing to work on your behalf. We are constantly seeking ways to help ODs in their practices and to earn you value for your dues dollar.

In case you needed another example of why it is critical for optometry to be strong in Washington, DC, and in case you needed another reason to support the AOA who watches out for our interests 24/7, and in case you needed another compelling reason why you need to support AOA-PAC, this should do it.

## Paraoptometric certification growing

Over 1,200 candidates met the criteria to sit for the CPO, CPOA, or CPOT certification examination in 2006. Launched over six years ago, the Paraoptometric Certification program continues to grow, and the number of candidates increases yearly. The number of certified paraoptometricians grew most quickly in the southwest and southeastern states. Many AOA affiliates or regional conferences continually host the examinations there.

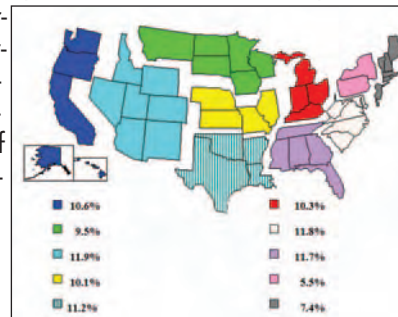
Other regions increased the number of certified paraoptometricians as well in 2006. All examinations (with the exception of the CPOT Practical Examination) were offered on 34 separate dates during 2006 at several AOA affiliate, regional conferences, and established regional examination sites.

Where does your state rank? The graph at right shows percentages of certified paraoptometricians as compared to that of AOA OD membership.

CIBA Vision, a Novartis Company, has provided grants to help support the Paraoptometric Certification program for the past six years.

Through its generous support, the CPC continues to offer the only certification available to paraoptometricians in the United States, Canada, and the Armed Forces.

For more information, contact the CPC office at (800) 365-2219, ext. 4135 or visit [www.aoa.org](http://www.aoa.org).





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### Online Eyecare Product Ordering

- Proficient in ordering spectacle lenses, contact lenses, and frames
- Connects to hundreds of laboratories, distributors, and manufacturers
- Provides faster turnaround times on jobs and reduces ordering errors and lab call-backs
- Does not interfere with buying group discounts and pricing relationships
- Remains a free service to eyecare providers

### Online Insurance Transaction Processing

- Processes HIPAA-compliant insurance transactions to hundreds of commercial and governmental payers
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# AOA calls for FDA action on CL distributor

The AOA is seeking U.S. Food and Drug

Administration (FDA) enforcement action to halt a cosmetics wholesaler from erroneously advising retailers that they can sell decorative lenses without prescription as long as they refer purchasers to an eye care practitioner.

A two-year-old federal law enacted at the urging of optometrists from across the country was designed to specifically prohibit the retail sale of any contact lenses without prescription.

Yet, a few retailers are continuing to sell popular noncorrective decorative lenses over-the-counter as fashion accessories — on the highly unusual condition that customers sign formal written agreements to see an eye care practitioner for “lens evaluation and fitting,” according to complaints reviewed by the AOA Advocacy Group.

Behind the practice is Trinity Enterprise, Inc, according to a complaint filed Jan. 9 with the FDA by AOA Advocacy Group Director Jon Hymes. Trinity Enterprise is a cosmetic company with offices in Mt. Prospect, IL, according to the AOA Office of Counsel.

Over the past year, Trinity Enterprise has sent advisories to retailers that misconstrue federal law regarding contact lens sales, Hymes said.

An AOA-backed change to the federal *Food and Drug Act* now requires the FDA to regulate all contact lenses, including noncorrective lenses, as medical devices, Hymes notes.

The Enzi-Boozman law, sponsored by U.S. Sen. Mike Enzi (R-WY), Rep. John Boozman (R-AR) and other pro-optometry leaders in Congress, was specifi-

cally intended to prohibit the sale of noncorrective decorative contact lenses as nonprescription fashion items.

It was passed by Congress and signed into law by President Bush in November 2005.

The legislation was enacted in the wake of a misguided April 2003 FDA ruling that the agency lacked statutory authority to regulate lenses that were not sold for corrective purposes in the same manner as it regulates pre-

fails to note that FDA-regulated medical devices can be sold only on presentation of a valid prescription from a licensed health care practitioner, Hymes adds.

Instead, the letter from Trinity to Beauty Giant incorrectly indicates only that under FDA rules an eye care practitioner must be “involved” in the sale of lenses.

Enclosed with the letter was a model “Cosmetic Contact Lens

*A few retailers are continuing to sell popular noncorrective decorative lenses over-the-counter as fashion accessories — on the highly unusual condition that customers sign formal written agreements to see an eye care practitioner for “lens evaluation and fitting.”*

scription lenses, Hymes said.

Contact lenses have traditionally been regulated by the FDA as prescription medical devices to ensure the lenses are worn under the supervision of an eye care practitioner, the AOA noted in its supporting documents for the legislation.

The practitioners can then monitor for potentially serious eye conditions that can result from ill-fitting lenses, improper wear, or inadequate lens care.

A copy of a May 19, 2006, letter obtained by the AOA from Trinity to Beauty Giant, a Baker, LA, beauty supply company, correctly warns that federal law prohibits the sale of lenses not approved for marketing by the FDA, according to Hymes.

However, the letter

Agreement” that Trinity recommends retailers have customers sign.

“You are required to have your customers sign and fill out these agreements that they will schedule and attend lens evaluation and fitting session on lens care and wear with an appropriate local eye care professional in the area,” the letter states.

Trinity is even attempting to recruit eye care practitioners to provide the evaluation and lens fitting, according to the letter.

Trinity apparently serves substantial networks of discount stores, beauty supply houses, and novelty shops, according to Hymes. The practices described in the wholesaler’s letter are “being reported on a large scale,” Hymes notes in the AOA’s letter to the

FDA.

For that reason, the AOA’s complaint urges the FDA to act quickly on the matter.

The AOA Advocacy Group has received complaints from at least nine AOA member optometrists, the Louisiana State Board of Optometry Examiners, and even the U.S. Department of Health and Human Services office in Louisiana.

Almost all of the reports so far involve Louisiana retailers.

“The Optometry Association of Louisiana (OAL) has been working closely with the AOA Washington Office to ensure that consumers in the Bayou State and across the country are fully protected as intended by the federal Enzi-Boozman law that optometry worked so hard to pass,” said Jim Sandefur, O.D., OAL executive director.

However, Madison Heights, VA, practitioner Shannon L. Compton, O.D., reports two businesses in her state, both clients of Trinity Enterprise, have been selling colored contact lenses without prescription.

Her husband, Frank Reynolds, O.D., visited the businesses, a beauty supply store and a nail salon, and obtained copies of the letter from Trinity with information similar to that sent to the Louisiana beauty supply.

Dr. Reynolds has brought the matter to the attention of the Lynchburg, VA, Commonwealth’s Attorney Office. The AOA and the OAL have sent complaints to Louisiana authorities.

The AOA Advocacy Group has also provided the Federal Trade Commission with copies of its complaint to the FDA.



# New in Practice program for starting ODs returns to Optometry's Meeting™

By popular demand, the *New in Practice* – Panel of Experts Series lecture program will again be featured this year at the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry's Meeting™, June 27-July 1 in Boston.

Introduced last year in response to numerous requests, the *New in Practice* program offers, not just one, but a series of presentations by highly qualified lecturers on the practice management skills new practitioners need to enter practice or transition to their own practices:

- ❖ Billing and coding – Outlining the proper way to code and bill for

various types of eye examinations, special diagnostic tests, and eye health procedures.

- ❖ Setting up an optical – Addressing what many new practitioners feel is a daunting task, the program covers whether to utilize an in-office or outside lab, the latest automated lab equipment, and how to maximize inventory dollars.

- ❖ Financial management – Covering the basic business concepts practitioners need to know, including: cash flow, gross versus net profit, tax considerations for sole proprietorships and S-corporations, and retirement planning.

- ❖ New technologies – Reviewing the range of technology now available for optometric practices, how to determine which are essential for the practice, how to determine return on investment, and how to obtain reimbursement for their use.

"The *New in Practice* program is intended to bolster the new practitioner's confidence and make the new practitioner more practice management savvy," said Keith Davis, O.D., chair of the AOA Optometry's Meeting™ New Practitioner Practice Management Project Team.

Attendees may select one or more of the

lectures, Dr. Davis noted.

*New in Practice* lectures this year will be open to paraoptometric as well as optometrists.

Students will also be able to attend the programs this year, registering on-site on a space-available basis at a discounted fee.

The *New in Practice* – Panel of Experts Series is underwritten through a grant from CIBA Vision, a Novartis Company.

Online registration and additional information on Optometry's Meeting™ and the *New in Practice* – Panel of Experts Series is available through the AOA Web site at [www.aoa.org/x4671.xml](http://www.aoa.org/x4671.xml).



**Keith Davis, O.D., lectures at the 2006 New in Practice series.**

## CLCS offering free online CE

The Contact Lens and Cornea Section (CLCS) of the AOA is offering free online continuing education at [http://istory.visualeyes.com/aoa\\_ce](http://istory.visualeyes.com/aoa_ce).

AOA members can take advantage of this innovative AOA CLCS online pilot program, supported by an educational grant courtesy of CooperVision, by choosing from one (or both) of the COPE-approved one-hour modules.

The site, called AOA CE On-Line, is an advanced learning portal featuring Web-video content packaged in an easy-to-use, high-impact and interactive format.

AOA CE On-Line is a product of Visual Eyes' iSTORY™ technology. The site integrates CE testing and certification, tracking and reporting of CE hours, and user-survey feedback.



AOA's CE On-Line features two hours of CE course material for the AOA Contact Lens and Cornea Section, sponsored by CooperVision.

- ❖ **Course 1: Drop-Kicking Contact Lens Dropouts;** presented by Joseph T. Barr, O.D.

Course learning objectives:

1. Identify the most common causes of dry eye discomfort among soft lens wearers.
2. Identify contact lens specific elements that can help reduce complaints of dry eye discomfort.
3. Differentiate between dry eye discomfort complaints and

hypoxia discomfort complaints among soft lens wearers.

- ❖ **Course 2: Challenges and Rewards of Presbyopia Management;**

presented by Thomas G. Quinn, O.D.

Course learning objectives:

1. Become familiar with multifocal categories.
2. Become familiar with fitting approaches.
3. Become comfortable with multifocal troubleshooting.
4. Increase optometrists' inclination to fit multifocals.
5. Demonstrate that multifocals can be rewarding.

For more information on this AOA CLCS pilot online CE program, contact Lila Rickard, CLCS manager, at (800) 365-2219, ext. 4137.

## IRS issues good governance guidance for 501(c)(3)s

The U.S. Internal Revenue Service (IRS) has announced its Good Governance Practices for 501(c)(3) Organizations.

The guide, issued Feb. 2, is intended to help managers of tax-exempt organizations maintain compliance with IRS regulations.

The IRS-recommended guidelines are technically voluntary, but should be strongly considered by any 501(c)(3) organization, according to the AOA Office of Counsel.

Some optometric organizations are organized as 501(c)(3) corporations. Many charitable foundations, including many organized by optometrists at the state or national level, are 501(c)(3) corporations.

Under the new guidance, the IRS recommends 501(c)(3) tax-exempt organizations have:

- ❖ Mission statements;
- ❖ Codes of ethics and whistleblower policies;
- ❖ Due diligence requirements;
- ❖ Duty of loyalty policies (requiring directors to act in the interest of the charity rather than out of self-interest);
- ❖ Transparency provisions (requiring public availability of Form 990s, annual reports, and financial statements);
- ❖ Fundraising policies;
- ❖ Financial audits;
- ❖ Compensation practices policies; and
- ❖ Document retention policies.

For more information, see IRS Publication 4221, Compliance Guide for 501(c)(3) Tax-Exempt Organizations, available on the IRS Web site ([www.irs.gov](http://www.irs.gov)).



**InfantSEE®  
Committee Chair  
Scott Jens, O.D.**



**Derrick Artis, O.D.,  
speaks on behalf of  
The Vision Care  
Institute LLC, A  
Johnson & Johnson  
Company, which has  
been the sponsor of  
InfantSEE® since its  
inception and has  
contributed millions  
to its success.**

## Children, from page 1

moment for my baby to see my face for the first time in her life," said Mrs. Soza.

In an emotional presentation, she told how Alaina's vision problems, measured at +12.00D of hyperopia, affected all aspects of development. Alaina would not put her legs down on the floor to support her weight and had not attempted to crawl or investigate her world.

Despite these developmental delays, there was no hint that vision could play a role when Mrs. Soza visited the pediatrician. Even after the InfantSEE® assessment and Alaina had been wearing glasses, an MRI under anesthesia was scheduled because Alaina was not trying to stand. Fortunately, she began putting her weight down about 48 hours before the MRI appointment.

"I checked all the records," Mrs. Soza said. "There is not one thing that says a baby needs an infant eye exam. Don't let other babies fall through the cracks because parents weren't informed. If I could know that I save one mom some tears, I would feel it was all worthwhile. Our family's goal is to make this the best-known program in America, not the best-kept secret."

For the 150 optometrists and others, representing 49 states, the InfantSEE® Summit was an opportunity to make that goal a reality.

With the program nearing its second "birthday," there have been dramatic successes, such as Alaina's story, but all agreed there is much more to be done.

Specific goals for 2007, according to InfantSEE® Committee Chair Scott Jens, O.D.,



**Glen Steele, O.D., seated on table, and Lance Underwood, O.D., lead a discussion of "Novel approaches in Infant CE," one of multiple breakout discussion sessions. Kerry Beebe, O.D., seated at right, was a co-presenter for the session.**

include:

- ❖ Getting the number of ODs who perform the assessments to 8,000.

- ❖ Doubling the number of assessment each OD performs.

- ❖ Continuing to reach out to other medical professionals, like-minded groups and parents to raise awareness of the program.

- ❖ Widely distribute new brochures, posters and bookmarks, and other promotional materials.

"I don't have the vocabulary to tell you what a great job the entire InfantSEE® team has done," said AOA President C. Thomas Crooks, O.D. "It is our collective job to help them get to the next level."

During the meeting, ODs told of other children successfully identified with serious vision problems.

Lance Underwood, O.D., told "Andrew's Story," about finding a child with +8.5 D in his Delaware practice.

Dr. Jens told "Gracie's Story," about the gratitude of Stacey Zeller, whose daughter's retinoblastoma was first detected by Paul Wagner, O.D., in Chandler, AZ. Mrs. Zeller was not at the InfantSEE® Summit because she was in Washington, DC, meeting with congressmen to describe her experience and stress the importance of infant eye assessments.

She credits Dr. Wagner, and the InfantSEE® program

with saving Gracie's life.

"Why can't there just be a poster everywhere?" promoting InfantSEE®, she asked Dr. Jens in a phone call from Washington. The following week she was planning TV interviews on three network affiliates and Univision in her hometown to promote the program.

While ODs at the meeting were gratified to hear these and other "success stories of InfantSEE®," perhaps the most touching talk was given by Lynne Isensee, about "the human cost of undetected vision problems."

"Sam's story" was troubling because his severe amblyopia went undetected for well over a year. During that time, he stopped using new words, and then stopped talking altogether. When he did get glasses, at age 2½, his reaction was not nearly as positive as Alaina's.

"Getting glasses at 2½ he was not happy; he was terrified," Mrs. Isensee said. "His entire visual world changed in

a matter of days."

Suddenly integrating images from a sharply focused world frightened the toddler, who shrank from adults, started walking on tip-toes and faced serious sensory sensitivity problems. He required hundreds of hours of occupational and speech therapy to readjust to the world.

Now at age 5, Sam is gaining lost ground, but Mrs. Isensee wonders how much different his childhood would have been with an eye exam before age 1.

She is writing a book about the experience in the hopes that other children will get the help they need much sooner.

Craig Nielsen, O.D., after Mrs. Isensee's presentation, told the audience, "I'm letting a lot of kids in my town down. I'm going to change that."

To learn more about InfantSEE®, to get materials for your practice or to get ideas for expanding your involvement, visit [www.infantsee.org](http://www.infantsee.org).



**Lynne Isensee shows how closely her son Sam looked at surfaces when coloring before his amblyopia was discovered.**



# VA expanding low vision rehabilitation services

The U.S. Department of Veterans Affairs (VA) is launching a major reorganization and expansion of its vision rehabilitation services.

Under the expanded program, basic low-vision services will be available at all VA eye clinics, and all of the VA's regional service networks will offer intermediate and advanced low-vision services, including a full spectrum of optical devices and electronic visual aids, according to the AOA Advocacy Group.

In all, there are more than 1 million U.S. veterans with low vision conditions, according to Secretary of Veterans Affairs Jim Nicholson. The expansion is intended to ensure that all receive appropriate care.

"These veterans, many of whom had their vision damaged by their military service, have earned the best health care America can provide," Nicholson said. "Under this new plan, we can provide all eligible visually impaired veterans with world-class health care closer to their homes."

The action comes following a congressional recommendation for expansion of the VA's Vision Impairment Centers to Optimize Remaining Sight (VICTORS) low vision outpatient services and enhanced inpatient services for veterans with low vision.

The congressional recommendation, included in recently passed military construction/VA appropriations legislation, was supported by the AOA.

Under the reorganization plan, the VA will make approximately \$40 million available over the next three years to establish a comprehensive nationwide rehabil-

itation system for both veterans and active duty personnel with visual impairments.

More than 50 additional VA low vision rehabilitation optometrists will be needed to staff the expanded system, according to VA Optometry Service Director John Townsend, O.D.

Specific information on new positions for low vision rehabilitation optometrists within the VA will be made available through AOA media in the coming weeks, according to the AOA Advocacy Group.

The revamping will effectively enhance low vision inpatient services and expand low vision outpatient services throughout the 1,400 locations where the VA provides health care, the department says.

Under the plan, each of the VA's 21 regional networks — called Veterans Integrated Service Networks (VISNs) — will each implement a plan to provide eye care to veterans with visual impairments.

The 10 existing inpatient VA Blind Rehabilitation centers will continue to provide the department's most intensive eye care programs, but, in addition, each VISN now will provide outpatient-based blind rehabilitation care.

"We intend to ensure that our visually impaired patients receive appropriate care and the latest technological devices at the right time and in the best setting to meet their needs," said Michael J. Kussman, M.D., the

VA's Acting Under Secretary for Health. "Our goal will be early intervention, so that we can maximize the independence of these veterans and substantially reduce their dependence on their families and communities."

The VA estimates there are more than 1 million visually impaired veterans over the age of 45 in the U.S. Within that group, approximately 157,000 are legally blind, and 1,026,000 have low vision.

About 80 percent of all visually impaired veterans have a progressive disability caused by age-related macular degeneration, glaucoma, or diabetic retinopathy.

The VA defines the visual impaired as those with 20/70 visual acuity or worse.

## AOA LVRS, Academy of Ophthalmology discuss ways to help those with vision loss

On Nov. 3, the AOA Low Vision Rehabilitation Section Council (LVRS) met with representatives of the American Academy of Ophthalmology to view a presentation regarding the recently implemented Centers for Medicare & Medicaid Services (CMS) Low Vision Rehabilitation Demonstration Project and to continue to explore ways of working together in the best interest of people with vision loss.

The meeting included a presentation from Jim Coan, project officer from the CMS Office of Research Development and Information.

Via conference call, Coan presented



**From left: Lori Grover, O.D. (LVRS Council); Tracy Williams, O.D. (Chair, LVRS Council); Lylas Mogk, M.D. (American Academy of Ophthalmology, Vision Rehabilitation Committee); Mark Wilkinson, O.D. (LVRS Council); Mary Lou Jackson, M.D. (American Academy of Ophthalmology, Vision Rehabilitation Committee); Jerry Davidoff, O.D. (LVRS Council); Dennis Siemsen, O.D. (LVRS Council); Eleanor Faye, M.D. (Lighthouse International, retired); Gwen Sterns, M.D. (National Eye Institute); Susan Gormezano, O.D. (LVRS Council); Bruce Rosenthal, O.D. (LVRS Council).**

up-to-date statistics on the demonstration project, the purpose of which is to assess the impact of providing reimbursement for vision rehabilitation services in appropriate settings, including in the patient's home, by qualified

vision rehabilitation professionals under general supervision of the physician.

He addressed the problem areas currently being ironed out and outlined the project's future plans and goals.

After the presenta-

tion, the doctors discussed several topics of common interest and concern before deciding to continue this open dialogue and exchange of information by meeting again in the spring of 2007.





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## Industry Profile: Bausch & Lomb

Bausch & Lomb is the eye health company dedicated to perfecting vision and enhancing life for consumers around the world. One of the oldest continually operating companies in the United States today, Bausch & Lomb traces its roots to 1853, when John Jacob Bausch, a German immigrant, set up a tiny optical goods shop in Rochester, NY. When he needed more money to keep the business going, Bausch borrowed \$60 from his good friend Henry Lomb. Bausch promised that if the business grew, Lomb would be made a full partner. The business did grow, and the partnership was formed. Our founders – John Jacob Bausch and Henry Lomb – were committed to innovation, to building lasting relationships based on mutual respect and shared objectives, and – most of all – to helping people see. All of us at Bausch & Lomb today remain committed to these same three things.

In the early years, Bausch & Lomb manufactured revolutionary rubber eyeglass frames as well as a variety of optical products that required a high degree of manufacturing precision. By 1903, the firm had been issued patents for microscopes, binoculars, and even a camera shutter based on the eye's reaction to light. During the 1900s, Bausch & Lomb produced the first optical-quality glass made in America, developed ground-breaking sunglasses for the military in World War I, and created the lenses used on the cameras that took the first satellite pictures of the moon. In 1971, Bausch & Lomb introduced the first soft contact lenses and is still the largest global provider of eye care products, which include soft and rigid gas permeable contact lenses and lens care products, and ophthalmic surgical and pharmaceutical products.

The Bausch & Lomb name is one of the best known and most respected health care brands in the world. Only Bausch & Lomb has the heritage of discovery and the continuing commitment to technological innovation and knowledge sharing that brings eye health professionals and consumers together to perfect vision and enhance life. We will continue to lead the evolution of eye health through our passion and commitment. The company is headquartered in Rochester, NY. Bausch & Lomb's 2005 revenues were more than \$2 billion; it employs approximately 12,500 people worldwide, and its products are available in more than 100 countries.

More information about the company can be found on the Bausch & Lomb Web site at [www.bausch.com](http://www.bausch.com).

**Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.**

## RPS releases tool kit to accompany conjunctivitis test

**R**apid Pathogen Screening announced the release of a tool kit to complement the use of its RPS Adeno Detector™, which aids in the diagnosis of viral conjunctivitis.

The tool kit is designed to enhance the primary care offerings of optometry practices and to encourage patients to seek treatment for conjunctivitis from their optometrists, who can provide the most appropriate care.

"RPS is committed to providing the most accurate diagnosis, at the most appropriate location, resulting in the most effective therapies for patients," said Dan Malloy, vice president, Marketing and Sales.

"The RPS Adeno Detector™ addresses the patient or parent's desire for effective care, the challenges presented by over-prescription of antibiotics and society's desire for cost-effective care. The optometrist understands these competing factors and is well-equipped to manage each case of conjunctivitis appropriately."

Conjunctivitis is the

most common cause of ocular-related emergency room visits, the cost of which is 156 percent more than the use of a rapid test for adenoviral conjunctivitis, according to the company.

The newly available tool kit includes patient education tools, sample letters for school nurses and primary care practitioners, and practice marketing support. The letters provide information on the RPS Adeno Detector™ and encourage referrals of conjunctivitis cases to the primary care optometry practice using the test.

The RPS Adeno Detector™ can provide results in 10 minutes and enables patients to get a laboratory confirmation of adenoviral conjunctivitis at the time of examination.

The RPS Adeno Detector™ uses a small sample of tear fluid and works similarly to a pregnancy test or a rapid Strep test for diagnosing conditions, providing quick results.

For more information, visit [www.rps-tests.com](http://www.rps-tests.com), e-mail [info@rps-tests.com](mailto:info@rps-tests.com) or call (877) 921-0080.



**Using the RPS Adeno Detector™, an optometrist can collect a tiny amount of liquid from the lower eyelid and determine the results of the adenoviral conjunctivitis test within 10 minutes.**



# Industry News



## VSP announces direct-to-consumer plan

Vision Service Plan (VSP) announced the launch of a new direct-to-consumer eye care plan at SECO International last month.

The plan will focus on consumers who do not have access to VSP coverage through their employers, including former VSP members, retirees, and those who are self-employed, along with their families.

The plan will be available beginning in April 2007 in 49 states. The plan will be available in Oregon later this year.



**The direct-to-consumer eye care plan will focus on those without access to VSP coverage through their employers, said Rob Lynch, president and CEO of VSP.**

"VSP's direct-to-consumer eye care plan represents a major step in increasing con-

sumers' access to comprehensive coverage," said Rob Lynch, VSP president and CEO. "Eye care has an important role to play in preventative health care, and this plan will assist consumers with making eye health an important part of their total health focus."

Direct-to-consumer plan enrollees will receive annual coverage for a comprehensive eye exam, lenses and frames or contact lenses. A polycarbonate option will be available for children's lenses, and enrollees will also receive 20 percent off of any out-of-pocket costs.

Consumers can

select from member-only, member-plus-one, or family coverage options.

VSP launched a pilot program for the plan in Houston, Chicago and Atlanta in September 2005.

The plan was only available through the Internet, and no advertising was run.

"Through our pilot, 1,300 people are currently insured," said Lynch. "On our Web site, we asked people about their interest in this plan, and 60,000 answered in the affirmative. Thirty thousand of them would be eligible."

VSP plans to promote the new direct-to-consumer plan through its Web site, targeted e-mails, direct mail and banner Web ads.

The plan will be offered through the Consumer Choice Association, though VSP will be responsible for customer service and claims.

More information about the plan will be available at [www.ccaadvantage.com](http://www.ccaadvantage.com) beginning in April.

## Vistakon appoints Alexander to director of Professional Affairs

Vistakon®, a division of Johnson & Johnson Vision Care, Inc., announced the appointment of Carol Alexander, O.D., as director, Professional Affairs.

Dr. Alexander will be responsible for leading the company's Professional Affairs Group and will begin her transition to Vistakon in July.

She will replace Derrick Artis, O.D., who will be assuming new responsibilities in the company.

Dr. Alexander has served on several AOA committees in the areas of regulation and legislation.

The AOA named her the Young Optometrist of the Year in 1997.

Dr. Alexander is a past president of the Ohio Optometric Association and has



**Carol Alexander, O.D.**

been in private practice for more than 20 years.

She is a Fellow of the American Academy of Optometry and was most recently recognized as Ohio's Optometrist of the Year at the EastWest Eye Conference in October 2006.

Dr. Alexander graduated for the Ohio State University College of Optometry in 1987.

She is married to Kevin Alexander, O.D., Ph.D., AOA president-elect.



**Costa Del Mar announced the release of its new Osprey frames, which are ideal for sports enthusiasts looking for protection from wind, dust and glare. Costa Del Mar developed an innovative co-injection technology to allow the side shields to be easily taken on and off, giving wearers options to apply in any outdoor environment.**



## Continuing Education, from page 6

offered during this time.

The Vision Care Institute™, LLC, a Johnson & Johnson company is sponsoring **"Contact Lenses Around the World,"** course #2010, from 10 a.m. to noon. (Lecturer: J. Shovlin, O.D.)

Using a new approach to continuing education, this course will provide a brief review of contact lens fitting habits, lens care and contact lens-induced complications in the United States and then present a live video discussion with contact lens specialists from around the world. After hearing from colleagues in the Czech Republic, South Korea, Taiwan and China, registrants can attend a reception featuring foods from some of these international locations.

Carl Zeiss Meditec is sponsoring **"Comparing Retinal Instruments,"** course #2210, from 10 a.m. to noon. (Lecturer: M. Dunbar, O.D.)

The course will discuss several new retinal imaging instruments, such as the Optomap Retinal Thickness Analyzer and Optical Coherence Tomography (OCT), that allow more precise examination of the retina and macula.

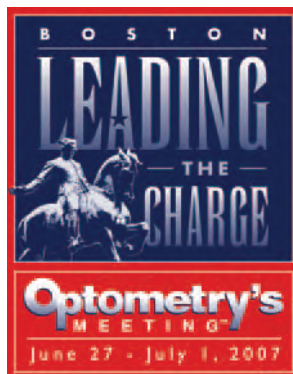
Heidelberg Engineering is sponsoring **"Retina Grand Rounds: The Impact of New Technologies,"** course #2710, from 10 a.m. to noon. (Lecturers: A. Cavallerano, O.D.; R. Dunphy, O.D.; S. Richer, O.D.)

The course will examine the role of the optometrist in detecting macular degeneration and effects from diabetes and discuss how new technologies, such as spectral domain OCT, can be integrated into a practice.

Friday's first Education Theater

course will be **"Tax Advantages of Retirement 401(k) Plans for Your Practice,"** course #T231, from 10:30 a.m. to 11:30 a.m. (Lecturer: U. White)

This course will cover the tax advantages of adopting a retirement or 401(k) plan and will offer a brief lesson on investment allocation strategies and types of plans and an in-depth look at how to achieve maximum tax deductibility. The seminar will conclude with a review of



the benefits included in the AOA Members Retirement Plan.

Alcon is sponsoring the Contact Lens and Cornea Section Annual Business Meeting and Luncheon, #0230, from noon to 1 p.m., along with the specialty education course **"The Contact Lens Red Eye Triangle: Dry Eye, Allergy, Infection,"** course #2312, to immediately follow from 1 p.m. to 2 p.m. (Lecturers: A. Epstein, O.D.; D. Korb, O.D.; J. Schaeffer, O.D.; C. Sindt, O.D.)

The course will cover the triage procedures for contact lens-induced red eye and the latest in diagnosis and treatment. Each doctor will deliver a presentation on a main anterior segment complication, and then the panel will discuss the diagnosis and treatment of the complication.

Transitions is sponsoring **"Ocular Effects of Medications and Potential Risk to**

**Healthy Sight,"** course #T232, in the Education Theater from noon to 1 p.m. (Lecturer: S. Jaanus, Ph.D., L.H.D.)

The course, open to both ODs and paraoptometric assistants, will promote awareness of vision and eye-related health consequences of commonly used medications and introduce tools and suggestions for patient care.

Next in the Education Theater, OfficeMate will sponsor **"EMR: Case Management in a Technology Integrated Practice,"** course #T233, from 1:30 p.m. to 2:30 p.m. (Lecturer: I. Lane, O.D.)

The interactive course will review and demonstrate the elevated standard of patient care when current technologies are integrated into an electronic health record (EHR).

Kemin is sponsoring **"Preventing Loss of Visual Function: Medical Treatment, Nutritional Supplements, and Vision Rehabilitation,"** course #2615, from 2 p.m. to 4 p.m. (Lecturers: E. Faye, M.D.; B. Lewis, Ph.D.; B. Rosenthal, O.D.; M. Wilkinson, O.D.)

The course will review medical, nutraceutical, and vision rehabilitation treatment modalities available to preserve and enhance visual functioning.

Heidelberg Engineering is sponsoring **"Anterior Segment Imaging: Front Line for Detection of Fungus, Parasites, and Glaucoma,"** course #2715, from 2 p.m. to 4 p.m. (Lecturers: W. Marcolini, O.D.; C. Quinn, O.D.)

The course will review the practical applications of imaging with a focus on case studies that demonstrate the optometrist's role in the early detec-

tion and treatment of anterior segment clinical issues.

Optos is sponsoring **"Comprehensive Retinal Update 2007,"** course #2215, from 2 p.m. to 5 p.m. (Lecturers: K. Castleberry, O.D.; J. Gerson, O.D.; W. Jones, O.D.)

A panel of experts will discuss posterior segment issues, including new treatments for diabetic retinopathy, new techniques for evaluating the posterior pole, and the appropriate coding and billing steps.

CIBA Vision provided a generous grant to provide three hours of education for the price of one for **"The Greatest Anterior Segment Disease and Medical Management of Contact Lens Course—Ever!"** from 2 p.m. to 5 p.m. Register for course #2315. (Lecturers: M. DePaolis, O.D.; B. Holden, Ph.D.; P. Karpecki, O.D.; D. Korb, O.D.; J. Schaeffer, O.D.)

This course will feature world-renowned experts in anterior segment eye disease and contact lenses who will present a unique program designed to enhance practitioners' diagnostic and treatment abilities.

Advanced Medical Optics is sponsoring **"PRK—New and Improved 10 Years After FDA Approval,"** course #T234, in the Education Theater from 3 p.m. to 4 p.m. (Lecturer: J. Owen, O.D.)

The course will discuss selection criteria for photorefractive keratectomy, the risks for keratoectasia, surgical technique, post-operative therapeutic management, pain management and clinical outcomes.

For more information, or to register for Optometry's Meeting™, visit [www.optometrys-meeting.org](http://www.optometrys-meeting.org).

# Meetings



For more meetings information, visit [www.AOANews.org](http://www.AOANews.org).

**To submit an item, send a note to [EventCalendar@aoa.org](mailto:EventCalendar@aoa.org)**

## March

### ASPEN-SNOWMASS VISION RETREAT 2007

March 25-27, 2007  
Timberline Lodge and Condominiums  
Upper Snowmass Village  
Dr. Steve Cantrell  
314-351-3499  
[eyeski@integrity.com](mailto:eyeski@integrity.com)  
<http://www.eyeski.com/>

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY AND OEP  
VT/VISUAL DYSFUNCTIONS  
March 28-April 1, 2007  
Fort Lauderdale, Florida  
Theresa Krejci  
800/447-0370

IOWA OPTOMETRIC ASSOCIATION  
March 29-April 1, 2007  
Des Moines, IA  
[www.iowaoptometry.org](http://www.iowaoptometry.org)

## April

AMERICAN ACADEMY OF OPTOMETRY NEW JERSEY CHAPTER GOLF CONFERENCE  
April 11-15, 2007  
Kingston Plantation, Myrtle Beach, SC  
Dennis H. Lyons, O.D.  
732/920-0110  
FAX: 732/920-7881  
[dhl2020@aol.com](mailto:dhl2020@aol.com)

TROPICAL SEA E  
April 11-17, 2007  
St. Thomas  
Scott Washburn  
903/885-1591  
[swashburn@tropalseae.com](mailto:swashburn@tropalseae.com)

SOUTHERN COLLEGE OF OPTOMETRY  
INJECTIONS COURSE  
April 13, 2007  
SCO Campus  
Kristin Anderson, O.D.  
901/722-3234  
FAX: 901/722-3325  
[ce@sco.edu](mailto:ce@sco.edu)  
[www.sco.edu](http://www.sco.edu)

SOUTHERN COLLEGE OF OPTOMETRY  
SPRING CONTINUING EDUCATION  
April 13-15, 2007  
SCO Campus, Memphis, TN  
800/238-0180, ext. 4  
[ce@sco.edu](mailto:ce@sco.edu)  
[www.sco.edu](http://www.sco.edu)

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS  
ANNUAL CONGRESS  
April 19-21, 2007  
Bellagio Hotel, Las Vegas, Nevada  
888/376-6926  
[tracyable@earthlink.net](mailto:tracyable@earthlink.net)  
[www.mwco.org](http://www.mwco.org)

ARKANSAS OPTOMETRIC ASSOCIATION  
SPRING CONVENTION  
April 19-22, 2007  
Embassy Suites, Little Rock, AR  
Jennifer Martinez  
501/661-7675  
FAX: 501/372-0233  
[www.arkansasoptometric.org](http://www.arkansasoptometric.org)

OPTOMETRIC EXTENSION PROGRAM  
CALIFORNIA REGIONAL VISION THERAPISTS' FORUM  
April 20-21, 2007  
San Diego, California  
Shea Gowin  
559/625-5464

INDIANA OPTOMETRIC ASSOCIATION  
CONVENTION & OD CONTINUING EDUCATION  
April 20-22, 2007  
Sheraton Hotel and Suites  
Indianapolis, IN  
317/237-3560  
FAX: 317/237-3564  
[www.ioa.org](http://www.ioa.org)

ORTHOKERATOLOGY ACADEMY OF AMERICA  
April 20-22, 2007  
University of Houston, Cary Herzberg, O.D.  
866/851-9922  
[www.okglobal.org](http://www.okglobal.org)

OPTOMETRIC EXTENSION PROGRAM EXAMINING INFANTS & CHILDREN THROUGH AGE THREE  
April 21-22, 2007  
Framingham, Massachusetts  
John Abbondanza, O.D.  
508/481-8558  
[drjohnabbo@charter.net](mailto:drjohnabbo@charter.net)

OPTOMETRIC EXTENSION PROGRAM INSIGHTS INTO PAEDIATRIC OPTOMETRY  
April 21-22, 2007  
Melbourne, Australia  
Nicholas Anderson  
(03) 9375 3111  
[andersonnearchou@netspace.net.au](mailto:andersonnearchou@netspace.net.au)

PINELLAS OPTOMETRIC ASSOCIATION  
15TH ANNUAL SUNCOAST SEMINAR, April 21-22, 2007  
Hilton Clearwater Beach Resort  
Philip Currey, O.D.  
727/442-5504  
[ldoc1@aol.com](mailto:ldoc1@aol.com)

EXCELLENCE IN EDUCATION CONFERENCE 2007  
April 22, 2007  
Pennsylvania College of Optometry  
Bernard Blaustein, O.D.  
215/276-6180  
[www.pco.edu](http://www.pco.edu)

AOA CONGRESSIONAL CONFERENCE  
April 23-25, 2007  
Washington, DC  
[www.aoa.org](http://www.aoa.org)

OPTOMETRIC EXTENSION PROGRAM  
ROBERT WOLD, SOUTHERN CALIFORNIA BEHAVIORAL VISION SEMINAR  
April 22-23, 2007

San Diego, California  
Lyna Dyson  
858/748-6210

AOA SPRING PLANNING CONFERENCE  
April 25-29, 2007  
St. Louis, MO  
[www.aoa.org](http://www.aoa.org)

KENTUCKY OPTOMETRIC ASSOCIATION 105TH ANNUAL CONGRESS  
April 26-29, 2007  
Hyatt Regency Hotel & KICC, Louisville, KY  
800/320-2406  
[info@kyeyes.org](mailto:info@kyeyes.org)  
[www.kyeyes.org](http://www.kyeyes.org)

VIRGINIA OPTOMETRIC ASSOCIATION  
VOYAGES IN VISION  
April 26-29, 2007  
St. Kitts

804/643-0309  
[voaeyedocs@aol.com](mailto:voaeyedocs@aol.com)  
[www.voaeyedocs.org](http://www.voaeyedocs.org)

OPTOMETRIC EXTENSION PROGRAM  
MODULE 1, THERAPISTS COURSE  
April 27-28, 2007  
Brisbane, Australia  
Beverley Roberts  
(07) 3205 1593  
[bevroberts@people.net.au](mailto:bevroberts@people.net.au)

OPTOMETRIC EXTENSION PROGRAM  
CLINICAL INSIGHTS AND RESEARCH IN VISION TRAINING TODAY  
April 27-29, 2007  
Auckland, New Zealand  
Richard Shanks  
+64 4473 7047  
[r.shanks@extra.co.nz](mailto:r.shanks@extra.co.nz)

## NEW IN PRACTICE?

### The New In Practice Panel of Expert Series

Saturday, June 30, 2007

Optometry's Meeting™

[www.optometrymeeting.org](http://www.optometrymeeting.org)

Bolster your confidence and practice management savvy by attending the New in Practice – Panel of Expert series while in Boston for Optometry's Meeting™. Based on the new practitioner series offered in the past, a panel of experts will discuss a range of popular practice management topics that impact optometrists just starting their careers or preparing to change practice settings.

#### Billing & Coding

The intricacies of coding and billing cannot be addressed in one session; however, "new in practice" attendees will walk away with a better understanding of different types of eye examinations, special diagnostic testing, and how to code each one appropriately for billing purposes. Additionally, the experts will address "in office" surgical procedures that optometrists perform and how to apply for reimbursement.

#### Setting Up An Optical

Whether you are starting cold in private practice or moving over from corporate practice, one of the most daunting tasks a practitioner faces is "How to set up an optical?" This course will help you decide whether you want to have an "in house" lab or use an outside optical lab. It will also provide insight into many of the new automated lab equipment. Also the course will cover how to maximize your frame, lens and contact lens purchasing dollars.

#### Financial Management

A successful optometric practice relies on sound financial fundamentals. This course will discuss concepts such as cash flow, gross versus net profits, tax considerations for the sole proprietor or S-corporation and retirement planning among other topics. The participant will leave with a good basic understanding of the financial aspects of running a practice.

#### New Technologies in Optometric Care

Wouldn't it be nice to have all the new toys and gadgets for your office? Unfortunately we have to decide what is necessary and what is "icing on the cake." This course will help the new practitioner decide on what new equipment to purchase. The speakers will present the average cost of each piece of new technology, the return on investment (medical reimbursement rates), how to code and bill for the new procedures, and when the new practitioner should consider purchasing new equipment.

Sign up now at [www.optometrymeeting.org](http://www.optometrymeeting.org)





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Stuart Richer, O.D., PhD, F.A.A.O.    Leonid Skorin, O.D., D.O.

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**AzOA**  
602-279-0055 or 800-346-2020; e-mail: [info@azoa.org](mailto:info@azoa.org)


## Associate Dean Practice of Optometric Medicine

The mission of the Pennsylvania College of Optometry is to graduate Doctors of Optometry and offer other educational, research, and patient care programs responsive to the health care needs of the public. To assist us in our goals, we are seeking candidates for the position of Associate Dean for the Practice of Optometric Medicine.

This Associate Dean is responsible for the leadership and administration of the curriculum associated with preparing optometry students to gain the knowledge, skills and values necessary for the clinical practice of optometric medicine. This includes the Traineeship Program, the Internship Program, the Externship Program and the Residency/Fellowship Program each managed by a Director reporting to the Associate Dean. Collaboration with these Directors and with the Foundations of Optometric Medicine Department will focus on student assessment and outcomes related to the learning objectives within the optometry curriculum.

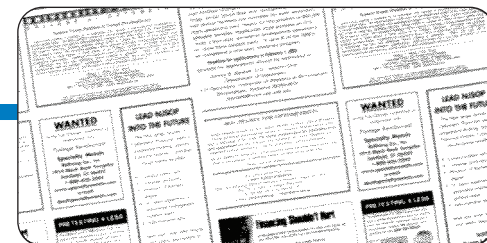
The Associate Dean for the Practice of Optometric Medicine is responsible to the Dean of Optometry. The College seeks an individual that is dedicated to excellence, innovation and progressive curriculum development. The successful candidate must have the Doctor of Optometry degree and be licensed or license eligible in Pennsylvania. Candidates will be considered based on their demonstrated leadership and ability in clinical education, primary eye care, academic administration, learning assessment, scholarship and service. This is a tenure track position offering a comprehensive benefits package and competitive salary. Deadline for application is April 30, 2007. Please send CV to:

**Pennsylvania College of Optometry**  
**Human Resources Director**  
8360 Old York Road  
Elkins Park, PA 19027  
Email: [hrrd@pco.edu](mailto:hrrd@pco.edu)



Pennsylvania College of Optometry





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[WWW.MWCO.ORG](http://WWW.MWCO.ORG)

## CHECK YOURSELF

As an optometrist, your main focus must be on ensuring customer satisfaction. However, are you keeping your books balanced? A good check and balance system will keep your business running smoothly throughout the year and prevent last minute headaches when tax season rolls around.

Our team of professionals is devoted to assisting with all the financial business needs of our OD clients. We can assist you with getting that check and balance system in place. From QuickBooks, to consulting and tax preparation, May & Company CPAs are ready to assist you.

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or for more info, Contact Kellie Webb at [Kellie@floridaeyes.org](mailto:Kellie@floridaeyes.org)

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American Optometric Association

# NEWS

Online

[www.aoanews.org](http://www.aoanews.org)

# Optometry's

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Southwest **Illinois** - Optometric PracticeFair Market Value \$183,000.00. CONTACT PRACTICE BROKER: RICHARD S. KATTOUF, O.D., D.O.S. 800-745-3937.

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**MISSOURI – Eastern.** Two practices – Total Fair Market Value \$300,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S. 800/745-3937.

**NEW JERSEY, Camden** -grossing \$500k+, 2 lanes; Warren-Grossing \$400k, 2 lanes; **NEW YORK, Delaware** -grossing \$200k-1 lane; **Northern NY**-grossing \$200k+, 3 lanes;**Western NY**-grossing \$1 Million; **Queens**-grossing \$600k+ 2 lanes. [info@promed-financial.com](mailto:info@promed-financial.com) 888 277 6633

**PRACTICES FOR SALE by County:** CA-Kern, Los Angeles, Northern, Sacramento, San Diego; **FL** – Escambia, located on the Western panhandle; **GA** – Atlanta; **KY** – Jefferson; **NY** – Long Island. Contact Scott Daniels at Practice Concepts at 877-778-2020 or [www.practiceconcepts.com](http://www.practiceconcepts.com).

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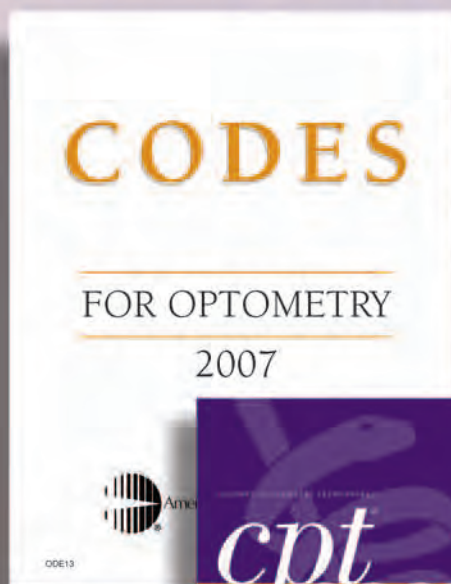


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